Catering & Events Office

USAG Humphreys Family and MWR Unit 15228 Telephone: 755-1264/1265

Customer Information

| Event Host Name _ | | | | |
|----------------------|-----------------|-------------------------------|------------------------------------|--|
| Name of Event | | | | |
| | | | | |
| | | | | |
| Cell Phone | | | | |
| Email | | | | |
| | | Event Information | | |
| Date | _ Time | Room Reserved | 4 hrs 8hrs | |
| Type of Event | | Number of Attendees | | |
| You understand tha | t booking the | Warrior Zone is an 18+ No Chi | ldren venue and you will guarantee | |
| that your guests wil | l not bring chi | ldren to your event. Initials | | |
| | | Deposit Information | | |
| Cash | | Check # | | |
| Credit Card Last 4# | | Туре | Expiration. Date | |
| | | | | |

Total Event Cost Booked ______ 25% deposit _____

Deposit is credited to the final bill for the event.

Will this event be sponsored by a private organization or will your organization conduct fundraising activities during this event?

If yes, please ask for assistance in obtaining Family and MWR approval for your fund raising event. Cancellation policy

If an event is cancelled 30 days prior to the event date, a full refund will be given. If an event is cancelled 16-29 days prior to the event start date, a 50% refund will be given. If an event is cancelled less than 15 days before the event, 100% of the deposit will be forfeited unless you provide a written document stating a mission requirement or unforeseen circumstances.

POC Name ______
Signature ______
Date _____